MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028054 STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5517 Registrar's No. 210

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 12 1963

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tebo Township
Length of stay in 1b: 4 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. SW. of Windsor
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Calhoun
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D. #2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Charles Middle Frederick Last Foster
4. DATE OF DEATH: Month August Day 5, Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-27-1933
9. AGE (last birthday): 30
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Concordia, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Leo N. Foster
13b. MOTHER'S MAIDEN NAME: Hanora Borgstadt
14. NAME OF HUSBAND OR WIFE: Royena Gay Hix Foster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. Royena Foster Calhoun, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Electrocution — Instant
DUE TO (c): Welding Machine
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Poor ground on Electric Welder
20c. TIME OF INJURY: Hour 730 p.m. Month, Day, Year 8 5 '63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Windsor Rabbit COUNTY: Henry STATE: Mo.
21. I attended the deceased from Jan 1961, to Aug 5, 1963 and last saw him alive on April 17, 1963
Death occurred at about 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22. SIGNATURE: William J. Smith (Degree or title): MD
22b. ADDRESS: Windsor, Mo.
22c. DATE SIGNED: 8/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-8-1963
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State): Warrensburg, Mo.
24. FUNERAL DIRECTOR ADDRESS: Clifford Gouge Windsor, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 6-1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0420		
2	0420		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	9140		
10	22		
11	042		
12	90-0		
13	1-11		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 8-6-63 MS